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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

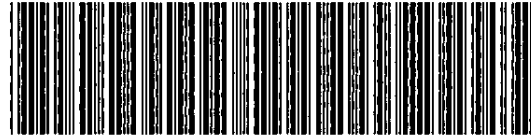
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W13-38605,

Office Use Only



800249308538

07/03/13--01017--006 \*\*130.00

EFFECTIVE DATE 07-01-13

FILED  
2013 JUL -3 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JUL 31 2013  
EXAMINER

(850) 245-6051.

### COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **Quality Care Insurance Solutions, LLC.**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Thais Milian**

Name of Person

**Quality Care Insurance Solutions, LLC.**

Firm/Company

**1401 S Military Trail suite F 2**

Address

**West Palm Beach FL 33415**

City/State and Zip Code

**tmilian@cagigasmedicalcenter.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Thais Milian**

Name of Person

at ( **561** ) **232-7183**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2013 JUL -3 PM 3:40  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Quality Care Insurance Solutions, LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

1401 S Military Trail suite F 2

West Palm Beach, FL 33415

#### Mailing Address:

same

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Thais Milian

Name

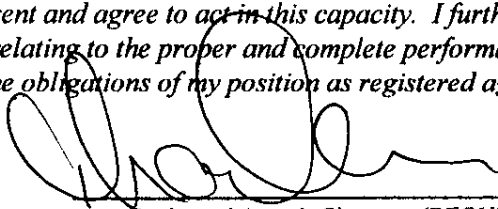
1401 S Military Trail suite F 2

Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach FL 33415

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

President

MGRM

**Name and Address:**

Thais Milan

1401 S Military Trail suite F 2

West Palm Beach FL 33415

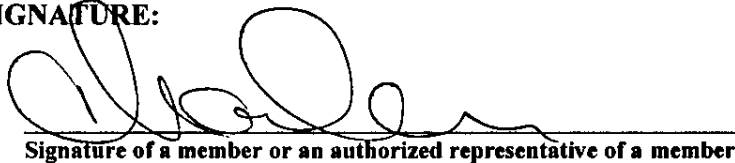
2013 JUL -3 PM 3:40  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 07/01/2013. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Thais Milan

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2013

THAIS MILIAN  
1401 S. MILITARY TRAIL  
SUITE F2  
WEST PALM BEACH, FL 33415

SUBJECT: QUALITY CARE INSURANCE SOLUTIONS, LLC  
Ref. Number: W13000038605

FILED  
2013 JUL -3 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for QUALITY CARE INSURANCE SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 013A00016696